

DATE: JULY 9, 1999

FROM: PETER J. GRAHN, JR.
DIRECTOR, INFORMATION MANAGEMENT DIVISION (MA-411)

TO: DIRECTIVES POINTS OF CONTACT

SUBJECT: DOE O 440.1A, WORKER PROTECTION MANAGEMENT FOR DOE
FEDERAL AND CONTRACTOR EMPLOYEES, ATTACHMENT 2, SECTION
19. OCCUPATIONAL MEDICINE

The attached page changes to DOE O 440.1A, WORKER PROTECTION MANAGEMENT FOR DOE FEDERAL AND CONTRACTOR EMPLOYEES, ATTACHMENT 2, SECTION 19. OCCUPATIONAL MEDICINE, are attached for your review and comment. The Office of Environment, Safety and Health revisions address two issues: 1) a Secretarial commitment to Members of Congress to assure that employees are informed of the purpose and results of all medical evaluations and testing that they receive in a Departmental site contractor occupational medicine clinic, and 2) support of the Department's commitment to conform with technical standards requirements established in the National Technology Transfer and Advancement Act of 1995 through verbatim incorporation of national standards for the accreditation of occupational medicine clinics.

Comments on the page changes to the Order are due by August 23, 1999. Major issues or suggested comments should be designated as such when submitted. Major issues should be limited to instances where the Order in its entirety, or when one or more of its requirements would have an adverse impact on DOE policy objectives, mission accomplishment, economy, efficiency, or other management concerns that would preclude its publication. Major issues need to be supported by the head of the Departmental Element making the comment. The following procedures should be followed for the submission of comments:

Directives Points of Contact at Headquarters Elements: Submit one set of consolidated comments to the originator of the page changes by 8/23/99: Ken Matthews, EH-61, Germantown; facsimile (301) 903-5072; or E-mail: ken.matthews@eh.doe.gov.

Directives Points of Contact at Field Elements: Submit consolidated comments to the page changes writer with a copy to MA-411. The package submitted by Field Elements should include as an attachment, the comments provided by the contractors.

Send an additional copy of comments to Craig Wisooker, MA-411, Room 8F-084, Forrestal, fax: 202-586-1972, or to craig.wisooker@hq.doe.gov.

Contractors will submit comments directly to their appropriate Departmental Elements.

Questions concerning the content of the draft page changes should be directed to Ken Matthews, 301-903-903-6398; questions concerning the directives system should be directed to Mr. Wisooker, 202-586-6343.

Attachment:

DOE O 440.1A, WORKER PROTECTION MANAGEMENT FOR DOE FEDERAL AND CONTRACTOR EMPLOYEES, ATTACHMENT 2, SECTION 19. OCCUPATIONAL MEDICINE

- a. Initial or baseline surveys of all work areas or operations to identify and evaluate potential worker health risks.
- b. Coordination with planning and design personnel to anticipate and control health hazards that proposed facilities and operations would introduce.
- c. Periodic resurveys and/or exposure monitoring as appropriate.
- d. Documented exposure assessment for chemical, physical, and biological agents and ergonomic stressors using recognized exposure assessment methodologies and use of accredited industrial hygiene laboratories.
- e. Specification of appropriate engineering, administrative, work practice, and/or personal protective control methods to limit hazardous exposures to acceptable levels.
- f. Worker education, training, and involvement.
- g. Coordination with cognizant occupational medical, environmental, health physics, and work planning professionals.
- h. Use of respiratory protection equipment tested under the DOE Respirator Acceptance Program when National Institute for Occupational Safety and Health-approved respiratory protection does not exist for DOE tasks. For security operations conducted in accordance with Presidential Directive Decision 39, U.S. POLICY ON COUNTER TERRORISM, use of Department of Defense military type masks for respiratory protection by security personnel is acceptable.
- i. Policy and procedures to mitigate the risk from identified and potential occupational carcinogens.
- j. Use of appropriate industrial hygiene standards.
- k. Professionally and technically qualified industrial hygienists to manage and implement the industrial hygiene program.

19. OCCUPATIONAL MEDICAL.

- a. Integration.
 - (1) The establishment of a contractor occupational medical program shall be a basic worker protection requirement.

- (2) A formal, written contractor occupational medical program detailing the methods and procedures used to implement the occupational medical requirements necessary for worker protection and the promotion of a healthful work environment shall be established, maintained, reviewed, and updated.
 - (3) The contractor occupational medical program shall provide occupational health services to contractor employees. The goal of these services shall be the earliest possible detection and mitigation of occupational illness and injury.
 - (4) To carry out this goal, the contractor occupational medical professional staff shall participate as members of a worker protection team.
- b. Implementation. The physician responsible for delivery of medical services shall be responsible for the planning and implementation of the occupational medical program.
- c. Maintenance of a Healthful Work Environment.
 - (1) Occupational medical physicians and selected medical staff shall:
 - (a) Coordinate with other safety and health professionals (industrial hygienists, health physicists, safety specialists/managers) to identify work-related or work site hazards and their possible health risks to employees;
 - (b) Possess a current knowledge of actual or potential work-related hazards (physical, chemical, biological, ergonomic);
 - (c) Perform targeted examinations based on an up-to-date knowledge of work site risk;
 - (d) Identify potential or actual health effects resulting from worksite exposures; and
 - (e) Communicate the results of health evaluations to management and to those responsible for mitigating worksite hazards.
 - (2) Contractor management shall provide to the physician responsible for delivery of medical services:
 - (a) Employee job task and hazard analysis information;
 - (b) Summaries of potential worksite exposures of employees prior to mandatory health examinations; and

- (c) The opportunity to participate in worker protection team meetings and committees.

d. Employee Health Examinations.

- (1) Health examinations shall be conducted by an occupational health examiner under the direction of a licensed physician in accordance with current sound and acceptable medical practices.
- (2) The content of health examinations shall be the responsibility of the physician responsible for the delivery of medical services.
- (3) The following classes of examinations are required for the purpose of providing initial and continuing assessment of employee health as determined by the physician responsible for delivery of medical services:
 - (a) preplacement in accordance with the Americans with Disabilities Act (42 United States Code 12101),
 - (b) qualification examinations,
 - (c) fitness for duty,
 - (d) medical surveillance and health monitoring,
 - (e) return to work health evaluations,
 - (f) termination examinations.
- (4) The occupational medical department shall be informed of all job transfers and shall determine whether a medical evaluation is necessary.
- (5) The physician responsible for the delivery of medical services or his/her designee shall inform contractor management of appropriate employee work restrictions.

e. Monitored Care.

- (1) The occupational medical program shall be responsible for the review of all monitored care of ill and injured employees to maximize their recovery and safe return to work, and to minimize lost time and its associated costs.

- (2) Contractor management shall notify the physician responsible for the delivery of medical services or his or her designee when an employee has been absent because of an injury or illness for more than 5 consecutive workdays or experiences excessive absenteeism.
- f. Employee Counseling and Health Promotion. The physician responsible for delivery of medical services shall:
 - (1) review and approve the medical aspects of contractor-sponsored or -supported employee assistance, alcohol, and other substance abuse rehabilitation programs;
 - (2) approve and coordinate all contractor-sponsored or -supported wellness programs; and
 - (3) ensure that immunization programs for blood-borne pathogens and biohazardous waste programs conform to OSHA regulations and Centers for Disease Control guidelines for those employees at risk to these forms of exposure.
- g. Medical Records.
 - (1) An employee medical record shall be developed and maintained for each employee for whom medical services are provided.
 - (2) The confidentiality of all employee medical records shall be observed.
 - (3) Employee medical records shall be adequately protected and stored permanently.
- h. Emergency and Disaster Preparedness.
 - (1) The physician responsible for the delivery of medical services shall be responsible for the medical portion of the site emergency and disaster plan.
 - (2) The medical portion shall be integrated with the overall site plan and with the surrounding community emergency and disaster plan.
- i. Organizational Staffing.
 - (1) The physician responsible for the delivery of medical services shall be a graduate of a school of medicine or osteopathy who meets the licensing requirements applicable to the location in which the physician works.

- (2) Occupational medical physicians, occupational health nurses, physician's assistants, nurse practitioners, psychologists, and other occupational health personnel shall be graduates of accredited schools and shall be licensed, registered, or certified as required by Federal or State law where employed.

20. PRESSURE SAFETY.

- a. Establish safety policies and procedures to ensure pressure systems are designed, fabricated, tested, inspected, maintained, repaired, and operated by trained and qualified personnel in accordance with applicable and sound engineering principles.
- b. Ensure that all pressure vessels, boilers, air receivers, and supporting piping systems conform to:
 - (1) the American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessel Safety Code;
 - (2) the American National Standards Institute/ASME B.31 Piping Code; and/or
 - (3) the strictest applicable state and local codes.
- c. When national consensus codes are not applicable (because of pressure range, vessel geometry, use of special materials, etc.), implement measures to provide equivalent protection and ensure safety equal to or superior to the intent of the ASME code. Measures shall include the following.
 - (1) Design drawings, sketches, and calculations shall be reviewed and approved by an independent design professional. Documented organizational peer review is acceptable.
 - (2) Qualified personnel shall be used to perform examinations and inspections of materials, in-process fabrications, non-destructive tests, and acceptance tests.
 - (3) Documentation, traceability, and accountability shall be maintained for each unique pressure vessel or system, including descriptions of design, pressure, testing, operation, repair, and maintenance.

21. MOTOR VEHICLE SAFETY. Implement a Motor Vehicle Safety Program to protect the safety and health of all drivers and passengers in Government-owned or -leased motor vehicles and powered industrial equipment (i.e., fork trucks, tractors, platform lift trucks, and other similar specialized equipment powered by an electric motor or an internal combustion engine). The Motor Vehicle Safety Program shall be tailored for the individual DOE site or facility, based on an analysis of the needs of that particular site or facility, and shall address the following areas:

- a. Initial or baseline surveys of all work areas or operations to identify and evaluate potential worker health risks.
- b. Coordination with planning and design personnel to anticipate and control health hazards that proposed facilities and operations would introduce.
- c. Periodic resurveys and/or exposure monitoring as appropriate.
- d. Documented exposure assessment for chemical, physical, and biological agents and ergonomic stressors using recognized exposure assessment methodologies and use of accredited industrial hygiene laboratories.
- e. Specification of appropriate engineering, administrative, work practice, and/or personal protective control methods to limit hazardous exposures to acceptable levels.
- f. Worker education, training, and involvement.
- g. Coordination with cognizant occupational medical, environmental, health physics, and work planning professionals.
- h. Use of respiratory protection equipment tested under the DOE Respirator Acceptance Program when National Institute for Occupational Safety and Health-approved respiratory protection does not exist for DOE tasks. For security operations conducted in accordance with Presidential Directive Decision 39, U.S. POLICY ON COUNTER TERRORISM, use of Department of Defense military type masks for respiratory protection by security personnel is acceptable.
- i. Policy and procedures to mitigate the risk from identified and potential occupational carcinogens.
- j. Use of appropriate industrial hygiene standards.
- k. Professionally and technically qualified industrial hygienists to manage and implement the industrial hygiene program.

19. OCCUPATIONAL MEDICAL.

Establish and maintain a Contractor Occupational Medicine Program (COMP) as a basic worker protection requirement that provides comprehensive occupational health services to contractor employees. The COMP should be a major contributor to an overall program

promoting worker health and safety and should embrace and adhere to the following tenets: know the nature of site activities, job tasks, and workplace hazards; ensure that each worker is aware of the workplace hazards; and ensure that each worker is fit for duty and receives appropriate monitoring.

The COMP shall protect and promote the health of individual workers and the workforce as a whole and shall be administered in a manner that ensures the provision of high-quality health services. The COMP shall provide services in accordance with the principles of professional practice and ethical conduct and with concern for the costs of care and for improving the health status of workers. The COMP shall comply with applicable Federal, State, and local laws with emphasis on prevention, early recognition, and treatment of occupationally related illness and injury. The COMP shall actively provide open communication and ensure informed consent to the workers it serves.

a. COMP Requirements.

- (1) All DOE contractor sites shall establish and maintain a COMP directed by a site occupational medicine director (SOMD).
 - (a) The SOMD shall be a graduate of a school of medicine or osteopathy and licensed for the practice of medicine in the location in which the physician works. Board certification in preventive medicine by the American Board of Preventive Medicine with a speciality in occupational medicine is a desired attribute.
 - (b) Occupational medicine physicians, occupational health nurses, physician's assistants, nurse practitioners, psychologists, and other occupational health personnel on the COMP staff shall be graduates of accredited schools and shall be licensed, registered, or certified as required by Federal or State law where employed.
- (2) All DOE contractors shall have a formal written COMP document detailing methods and procedures used to implement the COMP. This document shall be reviewed annually by the SOMD and the Department of Energy (DOE) site management and kept current.
- (3) The SOMD shall ensure the quality of care and promote the effective and efficient use of facilities and services by maintaining an active, integrated program that incorporates quality improvement activities and risk management.

- (4) The SOMD shall, on a timely basis, provide workers with easily understood, up-to-date, technically accurate information about site medical evaluations and medical surveillance programs for workplace hazards.
- (5) The SOMD shall post prominently in all clinics and adhere to the tenets of the “Examinee Bill of Rights” found in Appendix A.

b. Implementation.

The SOMD shall be responsible for the planning and implementation of the COMP and delivery of COMP services.

- (1) Occupational medicine physicians and medical staff shall—
 - (a) maintain familiarity with the work site and possess a current knowledge of actual or potential work-related hazards (physical, radiological, chemical, biological);
 - (b) work with other worker health protection team members (industrial hygienists, health physicists, safety specialists, workers, managers) to identify work-related or work-site hazards and their possible health risks to employees;
 - (c) identify potential or actual health effects resulting from work-site exposures, using population analysis techniques where appropriate;
 - (d) conduct employee health evaluations;
 - (e) Monitor ill and injured workers to facilitate their recovery and safe return to work and to minimize lost time and its associated costs;
 - (f) Ensure that immunization programs, bloodborne pathogens programs, and biohazardous waste programs conform to Occupational Health and Safety Administration (OSHA) regulations and Centers for Disease Control and Prevention (CDC) guidelines for those employees at risk for these forms of exposure;
 - (g) Communicate information regarding workplace health hazards to management, workers, and those responsible for mitigating work-site hazards; and

- (h) Build and maintain necessary partnerships among workers, managers, and safety and health professionals in establishing and maintaining a safe and healthy workplace and be available to participate in worker protection team meetings and committees.
- (2) The COMP shall maintain a clinical record system from which information can be retrieved promptly. Clinical records shall be legible, documented accurately in a timely manner, and readily accessible to health care practitioners.
 - (a) An employee medical record shall be developed and maintained for each employee for whom medical services are provided.
 - (b) The confidentiality of all employee medical records shall be observed, subject to requirements of State law, Federal regulations, and the governing contract.
 - (c) Employee medical records shall be protected from unauthorized access and stored under conditions that will ensure their long-term preservation.
 - (d) No medical records shall be destroyed without permission from the Office of Occupational Medicine and Medical Surveillance (EH-61).
- c. Contractor Management Responsibilities. Contractor management shall promote communication and coordination between all environment, safety, and health (ES&H) groups and specifically provide to the SOMD:
 - (1) current information of actual or potential work-related site hazards (physical, radiological, chemical, biological);
 - (2) employee job-task and hazard-analysis information;
 - (3) actual or potential work-site exposures of each employee prior to fitness-for-duty or surveillance evaluations;
 - (4) notification when an employee has been absent because of an injury or illness for more than 5 consecutive workdays (or an equivalent time period for those individuals on an alternative work schedule);
 - (5) notification of employee job transfers;

- (6) information on worker health protection team meetings and committees;
- (7) access to the workplace for evaluation of job conditions and issues relating to workers' health;
- (8) resources necessary to improve the professional competence and skill, as well as the quality of performance, of the health care practitioners and other professional personnel it employs;
- (9) a safe, sanitary, and functionally effective environment for COMP patients, personnel, and visitors; and
- (10) a level of resources in budget and staff commensurate with the level of effort required to maintain the occupational health services required herein.

d. Employee Health Evaluations.

- (1) The SOMD shall determine the content of the worker health evaluations. Such evaluations shall be conducted under the direction of a licensed physician, in accordance with current sound and acceptable medical practices and all pertinent statutory and regulatory requirements, such as the Americans with Disabilities Act.
 - (a) Each COMP shall maintain an up-to-date list of all evaluations and tests that are performed and make this list openly available to all site workers. The purpose and nature of these medical tests and their results shall be clearly communicated verbally and in writing to each worker offered testing, and this communication shall be documented in the medical chart by the signature of the occupational health examiner and the worker.
 - (b) The SOMD shall report annually through the cognizant field office to EH-61 a current list of all COMP examinations and medical tests that are performed on a preplacement and a periodic basis.
- (2) The following health evaluations shall be conducted when the SOMD determines they are necessary for the purpose of providing initial and continuing assessment of employee fitness for duty:
 - (a) preplacement;

- (b) periodic/qualification/certification (e.g., Department of Transportation driver certifications, hazardous waste workers fitness-for-duty evaluations, security police officer medical certifications, etc.);
 - (c) return to work after an absence of 5 or more consecutive workdays (or an equivalent time period for those individuals on an alternative work schedule);
 - (d) job transfer; and
 - (e) termination.
- (3) Where indicated, based on the results of a health evaluation, the SOMD shall restrict workers from certain job tasks. When employee work restrictions are imposed or removed, the SOMD or designee shall inform the worker and contractor management.

e. Surveillance.

As part of the COMP, medical surveillance, including screening and monitoring evaluations, shall be performed in accordance with Federal and State regulations and site needs. Outcome data shall be analyzed for adverse worker health effects resulting from workplace exposures and openly communicated to workers, management, and site worker health protection team members. The analysis of clinical information is important to the surveillance process and shall be a priority of the occupational medicine program.

f. Interface with Other Site Programs.

- (1) Employee Counseling and Health Promotion. The SOMD shall—
- (a) review and approve the medical aspects of contractor-sponsored or contractor-supported employee assistance programs;
 - (b) review and approve the medical aspects of contractor-sponsored or contractor-supported alcohol and other substance abuse rehabilitation programs; and
 - (c) review and approve all contractor-sponsored or contractor-supported wellness programs.

- | (2) Emergency and Disaster Preparedness. The SOMD shall be responsible for
| the medical portion of the site emergency and disaster plan. The plan shall be
| integrated with the overall site plan and with the surrounding community
| emergency and disaster plan.
- | (3) Community Health Issues. The SOMD may participate, as requested, in issues
| relating to community health resulting from site activities and concerns by
| providing medical expertise.

APPENDIX A

EXAMINEE BILL OF RIGHTS

This clinic recognizes the basic human rights of patients. Each worker subject to a medical evaluation or test has the following rights:

1. To be informed of the purpose, scope, and results of medical evaluations or tests.
2. To be informed that your medical records are confidential unless you have given permission to release information or that the release of information or reporting is mandated by law.
3. To be informed how to gain access to the information contained in your medical record.
4. To provide informed consent for all procedures.
5. To be informed of what information regarding examination results will be conveyed to management and to be assured this information will not include diagnoses or specific details except in compliance with laws and regulations.
6. To be informed of the organization for whom the physician works.
7. To be referred for medical follow-up when indicated.
8. To voice any dissatisfaction you may have regarding your health evaluation or care.
9. To refuse treatment and be informed of the medical consequences to yourself of this action.
10. To be given the opportunity, to the extent possible, to participate in decisions involving your health care.

EXAMINEE RESPONSIBILITIES

As an examinee, you have the following responsibilities:

1. To give your occupational health evaluator and health care providers accurate and pertinent information about your health, medical history, occupational history, and medications.
2. To report unexpected changes in your condition that may have an impact on work duties to the contractor occupational health personnel.
3. To notify contractor occupational health personnel if you do not understand your medical evaluation or what is expected of you.
4. To seek medical advice and treatment from your personal physician for matters that are beyond the scope of services provided by the contractor occupational medical program.